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ABSTRACT

To identify factors which facilitate and limit the successful implementation of pre-referral intervention systems in public schools, a survey was conducted of Maine Directors of Special Education who represented school systems using pre-referral systems. Forty-eight of 67 special education directors responded to the survey; 20 additional responses were collected by pre-referral team members at 9 school systems which use formalized team-based pre-referral systems. Facilitating factors included the support of the building principal, the support of special and regular educators for the consultation process, and adequate time and training for pre-referral teacher involvement. Limiting factors included resistance by regular classroom teachers due to increased time and effort, and the focus of pre-referral intervention on classroom change. Survey results also revealed: (1) a need for staff training in consultation to foster a better understanding of pre-referral goals; and (2) a recognition that administrative factors play a large role in the successful implementation of pre-referral systems. (JDD)

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Implementation of Prereferral Intervention Systems

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Abstract

Prereferral intervention practices have been recommended frequently in the special education literature as a means of addressing the learning problems of students within the regular classroom . A survey of Maine Directors of Special Education representing school systems using prereferral systems was conducted to identify factors which facilitate and limit the successful implementation of prereferral intervention systems in public schools. The importance of this question has been indicated by previous research describing the limited extent to which consultation-based sytems have been implemented within schools despite long standing recommendations.

The support of the building principal in general, the support of special and regular educators for the consultation process in particular, as well as adequate time and training for prereferral teacher involvement were all supported as facilitators by survey results. Resistance by regular classroom teachers to prereferral systems due to increased time and effort, and the focus of prereferral intervention on classroom change were strongly supported as limiting factors. The need for staff training in consultation fostering a better understanding for prereferral goals and a recognition that administrative factors play a large role in the successful implementation of prereferral systems was also revealed by survey results.

Implementation of Prereferral Intervention Systems

In an analysis of special education public policy development, Ballard-Campbell and Semmel (1981) pointed out that factors other than research findings may significantly affect a shift in public policy with regard to the education of handicapped children. The authors observed that the most important special education legislation in recent years (PL 94-142) was in fact not based on clinical or empirical evidence, but rather the result of the "opinions of parents and educators, extensive litigation and state level administrative practices (p.60)".

Ballard-Campbell and Semmel (1981) described a current policy research environment lacking " a cohesive theoretical framework to guide empirical efforts" and suggested that future research be integrated into the administrative planning process in an attempt to assist local administrators with difficult daily decisions. As such, this research report is an effort to collect and disseminate information regarding the implementation of a frequently recommended practice in the special education literature; that of prereferral intervention systems.

The decision to implement consultation-based prereferral intervention systems in schools today has been made without substantial efficacy

evidence (West & Idol, 1987). Rather, prereferral intervention systems have been implemented in response to a growing concern regarding the current special education referral and placement process which has resulted in ever increasing numbers of students being identified as handicapped learners and removed from regular education settings for instruction (Graden, Casey, & Bonstrom, 1985). Gerber (1984), in a review of the Department of Education's sixth annual report to Congress on PL94-142, pointed out that the numbers of students served in all handicapped areas has increased by 16% since 1976-77. During this time period moreover, students identified as learning disabled increased by 119% (Edgar & Hayden, 1984-85), growing at approximately 3% of the special education population per year (Algozzine & Korinek, 1985).

It has been suggested that the above statistics reflect an "increasingly ineffective system" (Algozzine & Korinek, 1985) in which the typical classroom teacher has become "intolerant of a much greater number of students than it is economically feasible to serve in special education programs" (Gerber & Semmel, 1984, p.144). Indeed, current federal funding policies for special education make available limited funds for the increasing numbers of handicapped students and make no provisions for the support of mildly handicapped students or students "at risk" within the

regular education environment (Wang & Reynolds, 1985). A possible solution to this problem suggested by Gerber's analysis (1984) is the use of prereferral intervention teams within schools to help solve student learning problems within the regular classroom and avoid the burden of labelling. This suggestion, which involves the shifting of responsibility from special education to regular education, has received frequent support in the special education literature (Shepard, 1987; Stainback & Stainback, 1984; Stainback, Stainback, Courtenage & Jaben, 1985; Wang & Birch 1984b; Will, 1986).

Contributing to the rationale for the proposed merger of special and regular education (Stainback & Stainback, 1984) has been the notion that the advocacy role of special education of the 1960's has largely been fulfilled and that future initiatives should focus on the improvement of instruction for all students (Meyen, 1983). Most recently, in a comprehensive description of what has become known as the "regular education initiative", Reynolds, Wang and Walberg(1987) proposed that approaches such as "building based collaborative models" be supported as "an integrated form of education for students who are currently segregated for services in special, remedial and compensatory education programs" (p.394). The need for a shifting of resources and responsibilities from special education to regular

education in addressing the learning problems of the mildly handicapped has received particular support from Madeleine Will, Assistant Secretary, Office of Special Education and Rehabilitative Services, U.S. Department of Education (1984; 1986).

The merger of special education and regular education efforts prior to the identification process in the form of prereferral intervention has been proposed for the same reasons that consultation services by resource teachers have so long been espoused (Huefner, 1988; Stainback & Stainback, 1984; Wang & Birch, 1984b). Indeed, with the passage pf PL 94-142 and its "least restrictive envirionment" mandate, the long standing recommendations for an indirect service model for mildly handicapped (Dunn, 1968; Lilly, 1970a; Lilly 1970b; Reynolds, 1962) became public policy. However, survey research (Haight & Molitor, 1983; Haight, 1984; Vasa, Steckleberg, & Ronning, 1982) regarding the service role of special education resource teachers reveals that an indirect consultative service model for the mildly handicapped is not being provided in any significant way.

The reasons behind the apparent conflict between special education theory and practice regarding the role of special education in the education of the mildly handicapped students were addressed in this research. It has been suggested that school systems have added consultation responsibilities

to special education without providing the training, time or organizational structure for special educators to fulfill this role expectation (Haight, 1984). As a result, consultation services have not occurred in any significant way. The resulting gap in the continuum of services for mildly handicapped students is particularly illustrated by research (Vasa et al., 1982) indicating no significant differences between the time spent by resource teachers and self-contained teachers in indirect services.

In an attempt to explain the persistent lack of compliance with consultation-based service delivery models within public schools, a survey was developed to investigate factors hypothesized as facilitating or constraining the effective implementation of prereferral intervention systems. Previous research (Piersel & Gutkin, 1983) analyzing school system and building level factors which affect the success of school consultation efforts was used as a basis of this investigation.

Several factors have been identified as critical to the success of consultation efforts. The support of the school principal, sufficient time for consultation activities, and the availability of consultation training were among these. Piersel and Gutkin (1983) also suggested several factors which typically presented as obstacles to consultation efforts: resistance by regular classroom teachers due to the additional time and effort required by

prereferral involvement and its focus on the classroom environment, not the student, for remedial attention; resistance by special educators due to the necessary change in role from direct service provider to consultant; concern of administrators that a reduction in numbers of identified students will result in decreased funding and resources; a general concern that there are limited options for instructional change in regular classrooms; and the belief that testing and special education placement benefits students. This research attempted to verify the relationship of the above factors to the successful implementation of prereferral systems and formed the basis for recommendations regarding the future use of prereferral intervention systems within schools.

Method

A self administered questionnaire was mailed to Directors of Special Education in Maine school systems utilizing prereferral intervention systems (N = 67) in January, 1988. Previous research (Walsh, 1989) provided the state of practice information necessary to identify prereferral school systems. Prereferral intervention was defined as problem solving consultation and intervention prior to special education referral. Additional surveys were sent to school systems which indicated the use of formalized team-based prereferral systems for distribution and completion by team

members (N = 14).

A follow up mailing was conducted within a month of the original mailing in an attempt to increase the response rate. Seventy two percent (48) of the self administered questionnaires sent to special education directors were returned. An additional twenty completed questionnaires were returned by prereferral team members representing nine of the 14 school systems (64%) with formalized prereferral teams. Since written policy and procedures within these school systems had established formal membership and roles of school staff within a prereferral system, it was felt that their inclusion in the survey would broaden and enhance the results. However, these twenty questionnaires represented only 28% of the additional questionnaires sent to directors for distribution.

Respondents were asked to indicate their level of agreement, based on their experience with prereferral systems, with two lists of factors identified as facilitators and limitations to the successful implementation of prereferral systems. Open ended questions were also included in the questionnaire in order to identify additional facilitating or limiting factors related to prereferral implementation. The self administered questionnaire used a Likert scale format in an attempt to corroborate previously suggested factors affecting the successful implementation of consultation based

programs within public schools.

Results

The prereferral survey was developed to provide the necessary data to respond to the research question regarding factors which facilitate or limit the successful implementation of prereferral intervention systems within a public school setting. The importance of this question has been indicated by previous research describing the limited extent to which consultation-based systems have been implemented within schools despite long standing recommendations. It should be noted that survey results predominantly reflect the views of the special education directors who constituted the largest group (70%) of respondents.

The survey results reveal that five of six previously identified factors were strongly corroborated as facilitators of successful implementation of prereferral systems. All 68 respondents agreed that the support of the building principal and the support of regular education teachers for consultation were necessary factors to successful prereferral implementation. The support of special education staff for consultation and the availability of adequate time and training for teacher involvement in prereferral practices were supported as prereferral system facilitators by at least 94% of the respondents. The majority of respondents (56%) did not

agree however that a belief by teachers in the negative effect of special education identification and placement acted as facilitators of prereferral implementation.

In addition to corroborating previously identified facilitators, respondents were asked to list additional factors which in their experience facilitated the successful implementation of prereferral systems. Of the total of 78 responses, 41 different factors were identified with the largest number categorized as administrative in nature. Administrative facilitators of prereferral systems (Table 1) included the suggested need for clear guidelines and mandatory procedures for prereferral practices with specific role expectations, scheduled time lines, easy forms, practical outcomes for referral sources, and efficient channels of communications. A differentiated approach between elementary and secondary levels with significant input and involvement by regular education teachers, and compensation for additional services.were also suggested.

Insert Table 1 about here

A second group of additional facilitating factors listed by the survey respondents were categorized as attitudinal factors (Table 2). Chief among

these were the acceptance by teachers of the concept of least restrictive means and environment, and the recognition that all students can succeed with appropriate instructional modifications. The third category of facilitators involved staff quality needs (Table 3). Among those mentioned were trust, expertise, credibility, and creativity.

Insert Tables 2 and 3 about here

Survey results revealed that six of eight factors previously identified as limitations to the successful implementation of prereferral systems were corroborated. Resistance by regular classroom teachers to prereferral systems due to increased time and effort (78% agreement), and the focus on classroom environment change and not student referral(74% agreement) were strongly supported as limiting factors. Strong agreement (84%) was also indicated with the suggestion that teacher belief in limited options for instructional change in the regular classroom posed an obstacle to successful prereferral implementation. A majority of the respondents supported the suggestions that teacher beliefs in the benefits of special education testing (62% agreement) and placement (66% agreement) were limiting factors.

Strong disagreement (84% disagreement)was found with the suggestion that concerns regarding decreased funding due to reduced numbers of special education students was a limiting factor to prereferral implementation. A majority of respondents (56%) also disagreed with the statement that special educator resistance to a change in teaching roles posed an obstacle to prereferral implementation. Sixty-five percent of the respondents agreed however that resistant attitudes of teachers toward change without their participation would limit prereferral implementation efforts.

Eighteen different factors were suggested by respondents to the open ended survey question regarding additional factors which limit the successful implementation of prereferral systems in public schools. Another thirty two responses were repetitious of previously discussed factors. The majority of the limiting factors listed were categorized as administrative with the remaining identified as quality issues. No one factor was suggested by more than two respondents.

The lack of state level support for consulting services, unclear local guidelines, expense and paperwork requirements were all indicated as administrative factors limiting prereferral implementation (Table 4). Large special and regular class student numbers along with contractual stipulations on teacher hours were also suggested. Quality factors (Table 5)

listed by survey respondents included a lack of trust and consistency among school staff; a lack of knowledge in differentiating curriculum; and a lack of expertise in instructional change.

Insert Tables 4 and 5 about here

Discussion

Research involving school consultation services would be incomplete without consideration of practical implementation concerns. Previous survey research has been discussed which documents the persistent lack of compliance in schools with recommended consultation practices. It is thus essential that any recommendation for a consultation based model such as prereferrral intervention must also recommend strategies which will enable such systems to be more readily adopted within public schools.

A survey of directors of special education in Maine schools using prereferral systems and a small sample of prereferral team members (N = 68) provided some collaborating evidence for previously suggested factors which facilitate and limit the successful implementation of prereferral intervention systems in public schools. Additional facilitating and limiting factors suggested by respondents reflected the largely administrator makeup

of the survey sample.

Survey results indicated that, as with any innovation within schools, the support of the building principal is critical to successful implementation efforts. Indeed, extensive research on school change (Mann, 1978) and effective schools (Bickel & Bickel, 1986) underscore the essential role that the building principal plays in the establishment of school policy and procedure.

Equally important to prereferral implementation according to survey results is the strong support of both regular and special education staff for the concept and practice of consultation as an intervention. Moreover, a belief and understanding by teachers in the principle of the least restrictive means and environment was suggested as a necessary prerequisite to successful prereferral implementation. Again, research on school change (Mann, 1978) and political behavior (Verba, 1961) have found that attitudes toward a change, and the ability of those most affected by the change to participate in implementation decisions, are critical factors to the successful implementation process. Certainly, a prereferral system could only be successfully implemented if the teachers involved were willing to use a collaborative means towards a common goal of maintaining students with learning problems in the least restrictive placement.

Rejected by survey results was the longstanding suggestion that a belief by teachers in the stigma of special education identification and placement facilitated the implementation of prereferral intervention systems. Rather, it appears that there is a lessening concern among educators and parents alike regarding the negative implications of special education and in fact, a growing acceptance and appreciation of what special education can offer to students with learning problems. This possible attitude change regarding special education placement could easily result in significant increases in referrals to special education; referrals moreover, that would be particularly resistant to prereferral intervention practices.

Factors suggested most by survey respondents as facilitators of prereferral implementation included a wide range of largely administrative practices and procedures such as parent involvement in prereferral systems, easy forms, efficient communication channels, adherence to time lines, and differentiated approaches for elementary and secondary levels. These suggestions again reinforced the need for strong administrative support and ongoing involvement. In fact the multitude of suggested administrative practices, along with the strong endorsement of the need for adequate time and training to facilitate prereferral implementation, reflected the recommended best practices of school change literature and the need for

school innovations to be adapted locally to ensure successful implementation (Weatherly & Lipsky, 1978).

Factors identified by the survey results as limitations to prereferral system implementation corroborate several previously suggested concerns. Teacher resistance due to increased time and effort necessitated by participation in a prereferral system as well as the focus of prereferral consultation on classroom environment change, and not simply a removal of the student, were specifically supported as limiting factors. A teacher belief in the limited options for instructional change in the regular classroom also received agreement as a limitation. It appears that teachers believe that all classroom options have been exhausted prior to special education referral and that a focus on the classroom environment for change may be in fact be a threatening alternative.

Rejected by survey respondents was the suggestion of previous research (Piersel & Gutkin, 1983) that concerns regarding decreased funding due to reduced handicapped student counts may limit the acceptance of prereferral practices. In fact, promised federal contributions to states according to handicapped child counts have never been realized and state (54%) and local (37%) budgets have largely supported special education programming (Gartner & Lipsky, 1987). Because federal reimbursement (8.5%) of special

education costs has been so low, there appears to be minimal concern among special education administrators with a loss of funding due to lower numbers of students identified as handicapped through prereferral efforts.

Also rejected by survey respondents was the limiting effect of resistance by special educators to a change in teaching roles on prereferral implementation. However, this investigation represents largely the views of special education administrators regarding a service delivery model which may in fact differ from special educators' preference for a direct or indirect teaching role. Previous research (Haight, 1984) has documented the lack of consensus among special educators with regard to the adoption of the more indirect teaching role involved in a consultant model.

Factors suggested by the survey results as limitations or obstacles to prereferral implementation were largely administrative in nature. Included were concerns regarding high teacher caseloads,the lack of state level support for consulting services, expense and paperwork requirements, and unclear guidelines. It is important to note that each of the factors identified as limitations could in fact be addressed by administrative action either at the building or system level. Among these could be state level incentives for consultation services; the establishment of a school wide prereferral policy including staff planning; the budgeting of funds for necessary stipends; and

the implementation of procedural guidelines for building level prereferral practices.

Several staff quality issues were also mentioned as limitations to prereferral implementation. Teacher apathy, lack of trust and consistency were suggested along with specific concerns regarding the lack of teacher knowledge in differentiating curriculum and adapting instruction to individual learning needs. Again, it would appear that such quality issues could be addressed by administrative or supervisory initiatives to provide the necessary staff training and program monitoring to prevent the development of obstacles to prereferral systems.

Recent research on factors related to the success and failure of school consultation interventions (Idol-Maestos & Ritter, 1985) and on prereferral intervention in particular (Gilmer, 1985; Harrington & Gibson, 1986; Hayek,1986) provide support for the facilitating and limiting factors suggested by this investigation. The Idol-Maestos and Ritter (1985) follow up study of 27 graduate students practicing teacher consultation found that the time to consult was the single most important facilitator of school consultation. Gilmer (1985), in comparing the effectiveness of teacher assistance teams across 42 elementary schools found that the leadership of building principals as demonstrated by the personal selection of team

members and the requirement for the referral of all learning and behavior problems through the prereferral team was a characteristic of high service teacher assistance teams.

Harrington and Gibson (1986) questioned 41 teachers experienced in prereferral systems regarding their perceptions of the effectiveness of prereferral procedures for learning disabled students. The survey results demonstrated that despite positive attitudes towards the goals and rationale of the prereferral team, 50% of the teachers indicated that the team was unable to assist them with the referral problem. Teachers reported that four out of five of the most frequently recommended interventions by the prereferral team had already been attempted by them in the classroom. This is suggestive of this research's finding regarding the constraining nature of the teacher belief in limited options for instructional change in regular classrooms. Open ended questions by Harrington and Gibson (1987) regarding problems with the prereferral process also yielded suggestions that the system was too time consuming, required too much paperwork, and did not provide enough follow through and assistance in implementing interventions.

With regard to the current implementation status of prereferral intervention systems, it appears that the inclusion of such systems in public schools nationally is well beyond the research and development stage (Carter

& Sugai, 1989). Given this reality, it is encouraging to note the positive support indicated by current research (Gilmer, 1988; Harrington & Gibson, 1986; Hayek, 1986; Walsh, 1989) by all levels of school staff for the prereferral process. However, several concerns revealed by this research need to be considered along with recommendations for the implementation of prereferral intervention systems within public schools.

First, there continues to be evidence of long term resistance within schools to consultation-based models of service delivery which is supported by a teacher ethos which favors individualism over colleagial exchange and is ill suited to accommodate significant change (Lortie, 1975). As such, this resistance can not be totally overcome but can be mitigated by inservice training in consultation techniques and by an ongoing proces which allows teacher collaboration to occur (West & Idol, 1987). Furthermore, specific training in the rationale and process of prereferral practice with ample opportunity for the teaching staff to adapt the system locally is strongly recommended. These inservice efforts must, to some extent, foster the belief among regular and special education teachers that the regular classroom with support and assistance can successfully educate the student with mild learning problems (Nevin & Thousand, 1987).

Second, the research on factors facilitating and limiting successful

prereferral intervention implementation reveals that a large majority of the variables are controlled by school building administrators. It is clear that, in order for prereferral practices to be effectively implemented and maintained in public schools, administrative support must be present and active. In light of research results (Walsh, 1989) indicating significantly less support among principals than special education directors for prereferral intervention, it is recommended that prereferral intervention systems be included in state mandated school procedures. State level leadership and support in the form of technical assistance, regulatory guidelines, and funding initiatives will be necessary to implement this mandate effectively.

Specific research is needed to address the many administrative aspects of implementing prereferral intervention systems. Who should be placed on the team? What is the role of each member? How much time should be allotted for team member responsibilities? Will special staff need to be employed? What funding sources will support these positions? These are some of the administrative questions being asked in the current literature (LLoyd, Crowley, Kohler & Strain, 1988). In addition, research is needed to address the issues involved in identifying the most efficient and least burdensome prereferral model from a teacher's operational standpoint and to

investigate the role and due process rights of parents with regard to prereferral practice.

Table 1

Administrative Facilitators of Prereferral Systems

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1. Parent involvement in prereferral system (4)
2. Efficient channels of communication (2)
3. Easy forms (1)
4. Student involvement in prereferral system (1)
5. Easy access to staff
6. Time limits, ground rules, and leadership at meetings
7. Funding for required services (e,g, consultant)
8. Confidentiality within team
9. Assertive chairman to follow up
10. Adherence to time lines
11. More regular educators on team than special educators
12. Complete data on student being referred
13. Clear organization structure
14. Planning
15. Scheduled meetings on a monthly basis
16. Formal procedure that provides guidelines
17. Compensation for team leaders

18. Practical outcome information for referral source

19. Clear expectations of members

20. Differentiated approach (elementary/secondary)

21. Establish strong model program in one school rather than system wide mandate

22. Administrative requirement for prereferral process

23. Input into the development of process by regular educators

24. Strict adherence to special education regulations regarding placement of students

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Note. Numerals in parentheses indicate the number of repetitions.

Table 2

Attitudinal Facilitators of Prereferral Systems

1. Regular educator responsibility for special students (1)
2. Teacher recognition and acceptance of student variation (1)
3. Teachers "buying in" to effort.
4. Understanding that special student is capable of success
5. Regular classroom alternatives should be tried first
6. Regular classrooom is best placement
7. Change in the classroom environment can have positive impact
8. Students should stay in mainstream as much as possible

Note. Numerals in parentheses indicate number of repetitions.

Table 3

Quality Facilitators of Prereferral Systems

1. Experienced, respected team members (1)
2. Credible consultant
3. Creative problem solvers
4. Credible special education staff
5. Consultant with experience and many suggestions
6. Trust among team to share and consult

Note. Numerals in parentheses indicate number of repetitions.

Table 4

Administrative Limitations to Prereferral Implementations

1. Large teacher caseloads (1)
2. Lack of state level direction and support for consulting services
3. Expenses involved in prereferral systems
4. Paperwork requirements
5. Lack of planning prior to implementation
6. Threat of being sued for not doing enough or doing too much
7. Contractual stipulations on teacher hours
8. Class size of regular teachers
9. Sloppy placement practices
10. Cloudy guidelines for prereferral and special education procedures

Note. Numerals in parentheses indicate number of repetitions.

Table 5

Quality Limitations to Prereferral Implementation

1. Teacher apathy (1)
2. Lack of trust between team members
3. Lack of consistency
4. Level of sophistication of staff
5. Lack of knowledge in differentiating curricula
6. Lack of understanding of what motivates students at various levels
7. Lack of expertise in instructional change
8. Limited amount of staff energy

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